

## City of Minneapolis Licenses and Consumer Services

350 South 5<sup>th</sup> Street – Room 1C Minneapolis, MN 55415–1391 Phone: 612-673-2080 Fax: 612-673-3399 TTY: 612-673-2157 www.minneapolismn.gov/business-licensing

# License Application **Guidelines and Checklist**

### License Type: Heating, Ventilation and Air Conditioning

**Definition:** A person holding a valid certificate of competency issued by the City of Minneapolis who has the necessary qualifications, training, experience, and technical knowledge to install, alter, repair, service and clean air handling equipment and air distribution systems for heating, ventilation or air conditioning and supervise/direct the work of others engaged in the same.

Staff Initials	Application Checklist
	1. License Application (Form #1)
	a. This must be furnished by your Insurance Agent with the mandatory changes.  b. You are required to have general liability which includes premises and operations insurance and products and completed operations insurance with the following coverages:  \$\begin{align*} \\$100,000 \text{ per occurrence and } \$300,000 \text{ aggregate for bodily injury} \]  \$\begin{align*} \\$100,000 \text{ per occurrence and } \$300,000 \text{ aggregate for property damage} \end{align*}
	☐ 3. A copy of the \$25,000 bond filed with the State of Minnesota. www.doli.state.mn.us
	4. A copy of a current <u>City of Minneapolis Master Competency Card</u> for employee or owner.
	5. Fee: plus New License Surcharge

#### **Additional Information**

#### Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. Minnesota Sales Tax ID Number or 651-296-6181.

#### Bond

- a. Information must be on the attached a State of Minnesota Bond Form. This is a continuous bond and valid until cancelled.
- b. The amount of the bond must be the same as the amount listed above.
- c. The name of the licensee and the principal on the bond must be the same.
- d. Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
- e. Bond must include an acknowledgment of surety and the agent's power of attorney.

#### **Information in Other Languages**

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
CSR:
FEE: \$
DATE:

# **Trades License Application**

4 mans or a series						
□ Building Wrecker, Class A       □ Heating, Air Co         □ Building Wrecker, Class B       □ Oil Burner Insta         □ Duct Cleaner (HVAC Class B)       □ Plumber         □ Gas Fitter       □ Refrigeration In	onditioning & Ventilation aller astaller	☐ Sign Hanger☐ Steam and Hot Water Installer				
	ROUND INFORMATION					
Minnesota Sales Tax ID Number, Social Security Number or	Individual Tax ID Number					
Legal/Corporate Name of Business	Trade Name (DBA)	<b>Business Telephone Number</b>				
Business Address/Location	City	State Zip Code				
Mailing Address (if Different than Business Address)	City	State Zip Code				
Name of Person Filling out this Application	Title	Telephone Number				
E-Mail Address	Fax Number	Cell Phone Number				
Name of Manager and Home Address		Date of Birth				
Type of Ownership	Date of Incorporation	State of Incorporation				
Is this business publicly traded?  Yes No						
3. QUALIFIED MASTER(	(S) Attach additional sheets i	f necessary.				
Name of Master Trade						
Comp Card Number	Date of Birth	Date of Birth				
Name of Master	Trade	Trade				
Comp Card Number	Date of Birth	Date of Birth				
Name of Master	Trade	Trade				
Comp Card Number	Date of Birth					
Have you ever had a business license denied or revoked by Minneapolis or another government entity?   Yes No If Yes, indicate the date of denial/revocation, government agency, and reason for denial or revocation.						
List all types of work to be conducted in Minneapolis.						

4. LIST ALL PARTNERS, OWNERS AND CORPORATE MEMBERS (Attach additional sheets if necessary.)					
Full Name: First, Middle, Last	312	Date of Birth	% of Ownership		
Tull Name. Thst, Wilddle, Last		Date of Birtin	Telephone	, o or o whership	
Home Address		City	State	Zip Code	
Home Hadress		City	State	Zip Code	
Full Name: First, Middle, Last		Date of Birth	Telephone	% of Ownership	
Tun Tune: Thist, Whadle, East		Bate of Birth	relephone		
Home Address		City	State	Zip Code	
Home Hadress		City	State	Zip code	
Full Name: First, Middle, Last		Date of Birth	Telephone	% of Ownership	
Tan itanie. I list, itiliadie, East		Bute of Birth	Тегерионе	•	
Home Address		City	State	Zip Code	
Home Hadress		City	State	Zip code	
Have any of the individuals above been	convicted of a crime?	Yes No	<u> </u>	1	
If Yes, please provide (or attach) dates	and conviction specifics.	•			
	5. WORKER	RS' COMPENSATIO	N		
W 1 2 C C		D.P. M. I		Coverage Dates	
Workers' Compensation Company		Policy Number		Coverage Dates	
		Or		1	
T de distriction			10: 1 🗆 1	1. 1.	
I certify that I am not required to carry					
have no employees. I have no emplo	yees who are covered by	y workers' compensation	on law. Only employees who ar	e specifically	
exempted by statute are not covered by	the workers' compensat	ion law. These include	spouse, parents, and children re-	gardless of age. All	
other workers whose work is controllab				9	
other workers whose work is controlled	ie by the employer must	be covered.			
	6.	VEHICLES			
Will there be vehicles used in the busin	ess? Yes No (At	tach additional sheets i	if necessary)		
			•	Lisana Dista	
Year/Make/Model	Vehicle Company ID	\	/IN Number	License Plate	
	Number			Number (State)	
	F 377	EDIELCATION			
		ERIFICATION			
The data you furnish on this application	will be used by the City	of Minneapolis to ass	ess your qualifications for licens	ure. Disclosure of	
this information is voluntary. You are i	not legally required to pr	ovide this data: however	er, if you fail to do so, the City of	f Minneapolis may	
be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID					
Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota					
Commissioner of Revenue. After submission of this application all information except your Social Security Number will be public					
information pursuant to Minnesota Statutes, Chapter 13.					
1					
A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION					
	RE IS REQUIRED IN	ORDER TO PROCES	SS THIS APPLICATION		
	RE IS REQUIRED IN			mu um don the leave C	
I, (print name)		, certify (	or declare under penalty of perju		
I, (print name) the State of Minnesota that the foregoin	g is true and correct. Al	, certify of linformation given is	or declare under penalty of perju subject to verification by the Stat		
I, (print name) the State of Minnesota that the foregoin	g is true and correct. Al	, certify of linformation given is	or declare under penalty of perju subject to verification by the Stat		
I, (print name)	g is true and correct. Al	, certify of linformation given is	or declare under penalty of perju subject to verification by the Stat		
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## City of Minneapolis Requirements for Insurance Certificates

CERTIFICA	TE OF LIABI	LITY INSUE	ANCE
	TEATH FIRST	121 1 1 11717121	

Certificate cannot be Pending, Binder or TBA.	EER e, Zip	ONLY THIS COVE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
The Level/Componets Name	INSUREI		INSURI	ERS AFFORDING CO	OVERAGE		
The Legal/Corporate Name must match exactly	INSUREI	o O	INSURE	ER A:			
(word for word) to the			INSURE				
Approved Licensee Name	-	<b>&gt;</b>	INSURE	ER C:			
(including Inc, or LLC),			INSURE	ER D:			
Trade Name (DBA),			INSURE	ER E:			
and Premise address.	COVER	AGES					
	NOTWIT CERTIFI	LICIES OF INSURANCE LISTED BELOW HAVE I HSTANDING ANY REQUIREMENT, TERM OR O CATE MAY BE ISSUED OR MAY PERTAIN, THI IONS AND CONDITIONS OF SUCH POLICIES. A	CONDITION OF E INSURANCE A AGGREGATE L 	ANY CONTRACT OF AFFORDED BY THE F IMITS SHOWN MAY POLICY	OTHER DOCUMENT POLICIES DESCRIBEI HAVE BEEN REDUC	F WITH RESPECT TO W D HEREIN IS SUBJECT T	HICH THIS
	INSR		POLICY NUMBER	EFFECTIVE DATE	POLICY EXPIRATION		
	LTR	TYPE OF INSURANCE GENERAL LIABILITY		(MM/DD/YY)	DATE (MM/DD/YY)	LIN EACH OCCURRENCE	s s
					<b>1</b>	EACH OCCURRENCE	\$
		COMMERCIAL GENERAL LIABILITY				FU GE (Any	\$
		OCCUR				EXP	\$
						inj	\$
				$\sim$ $\sim$ $\sim$		GREGATE	\$
		GEN'L AGGREGATE LIMES PER:		U / V / V		PRODUCTS – COMP/OP AGG	\$
		□ PROJECT □ LOC AUTOMOBILE LIAE				COMBINED	
		□ ANY AUTO □ ALL OWNED AUTOS				SINGLE LIMIT (Ea accident) BODILY INJURY	\$
		☐ SCHEDULED AUTOS ☐ HIRED AUTOS				(Per person) BODILY INJURY	\$
		□ NON – OWNED AUTOS				(Per accident)	\$
		D				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY – (Ea	\$
		□ ANY AUTO				Accident) OTHER EA	
						THAN ACC AUTO	\$
						ONLY: AGG	\$
		EXCESS LIABILITY  □ OCCUR □ CLAIMS MADE				EACH OCCURRENCE AGGREGATE	\$ \$
		□ DEDUCTIBLE					\$
		□ RETENTION				WANG STATISTODY	\$
	A	WORKER'S COMPENSATION AND EM PLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE – EA EMPLOYEE	
						E.L. DISEASE – POLICY LIMIT	
		OTHER					
	DESCRI	PTION OF OPERATIONS/LOCATIONS/VEHIO	CLES/EXCLUSI	ONS ADDED BY ENI	DORSEMENT/SPECI	AL PROVISIONS	
	ADDITIO	ONAL INSURED; INSURER LETTER					
	City of	Minneapolis					
Outstand Others	License 1-C Cit 350 So	es and Consumer Services ty Hall uth 5th Street					
Original Signature or stamp of Agent.	iviinnea	apolis, MN 55415	AUTHORIZE	ED REPRESENTATIV	VE		
Auent.	1						

Applications will be returned if requirements are not complete.